

Case Number:	CM14-0159839		
Date Assigned:	10/07/2014	Date of Injury:	09/28/1998
Decision Date:	11/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63-year-old female with a date of injury of 09/28/1999. The listed diagnosis per [REDACTED] is low back pain. According to progress report 01/22/2014, the injured worker presents with chronic low back pain. The treating physician states "I felt very strongly that the injured worker needs a home health aide." She has not had assistance for 2 years now. She was "Forced to work in her kitchen and was mopping the floor. She fell down and injured the implants of her teeth." Examination revealed range of motion is 25% normal. Straight left raise test bilaterally is positive. The knee and ankle reflexes are equivocal. Treating physician states lumbar spine x-rays showed "no apparent evidence of bony injury." Progress report 07/04/2014 states that injured worker has a new complaints of pain and swelling in her left foot. Examination revealed significant ecchymosis formation affecting the lateral aspect of the left foot, and the injured worker ambulates with a limp on the left side. X-rays of the foot were taken which showed, "No apparent evidence of fracture affecting any of the bones of the foot." Treating physician is recommending that the injured worker be awarded home health assistant at 6 days a week for 4 hours a day. Utilization review denied the request on 9/9/14. Treatment reports from 4/29/14 through 9/17/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home Health Aide 4 hours per day, 6 days per week, for 12 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home services Page(s): 51.

Decision rationale: The injured worker presents with chronic low back pain. The treating physician is recommending that the injured worker be awarded home health assistant at 6 days a week for 4 hours a day. The treating physician states that the caregiver can drive the injured worker to "medical appointments, do household chores including laundry, assist with grocery shopping, and run errands." The MTUS page 51 has the following regarding home services, "recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis generally up to no more than 35 hours per week." In this case, there are no significant physical findings that would require a home health care aide. There are no discussions regarding the injured worker's specific functional needs that would require assistant and the medical justification for the deficits. MTUS recommends home health care assistant for patients that require medical treatment and that are homebound. The treating physician appears to be asking for homemaker services only, with no other medical care needed at home. The request for Home Health Aide 4 Hours per Day, 6 Days per Week, for 12 weeks is not medically necessary.